

State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

11 APPROVED
 OPEN
 NOTIFICATION

Date of Notification (1) 4/5/2016		Name of Building Owner/Operator (2) PSE+G						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	80 PARK PLACE						
		City, State, Zip Code NEWARK, NJ 07101						
		Name of Contact JONATHAN MELITO	Telephone Number 856-371-7620					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSE+G		Type of Facility (4)						
Street Address 751 CLIFF ROAD		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) SEWAREN		Square Feet 4000	# of Floors 2					
County (6) MIDDLESEX		Bldg. Age Appx 60 yrs.						
County Code (7) MIDDLESEX		Current Use (Prior if being demolished) SWITCH STATION						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA					
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.						
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882						
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350					
License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA						
Start Date (10) 3/22/16		Scheduled Completion Date (11) 5/27/16						
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: Necessary operators only		City, State, Zip Code SOUTH RIVER, NJ 08882						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
M+I Bus Side + METER SIDE	X		TRANSITE FLOOR PANELS	440 SF	X			
M+I Bus Side - METER SIDE	X		ACM WIRE SOCK	1800 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste Appx 20	Name of Registered Landfill GROWS NORTH				
City, State ELIZABETH, NJ		Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature Carol Raimo	Date 4/5/16				

CK # 6990

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
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City (5) SEWAREN		Bldg. Age APPX 60 YRS.							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SWITCH STATION							
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Completed by CAROL RAIMO		Title OFFICE MGR.		Signature Carol Raimo		Date 3/8/16			